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CONFIRMATION NO. 7091

|                             |                                       |              |                        |                                      |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/759,026 | FILING DATE<br>01/20/2004<br><br>RULE | CLASS<br>315 | GROUP ART UNIT<br>2828 | ATTORNEY<br>DOCKET NO.<br>245232US25 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

Garrett J. Young, Farmingdale, NJ;

\*\* CONTINUING DATA \*\*\*\*\* *NONE*

*hp*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE*

*hp*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/21/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>36 | INDEPENDENT<br>CLAIMS<br>4 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after

Verified and Acknowledged  
 Allowance *Maier & Neustadt* - *hp*  
 Examiner's Signature Initials

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 22850  
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TITLE  
 LED strobe light

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>1144 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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